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Pharmacy NewsCapsule

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Hospice/Nursing Home Pharmacy Q&A

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The need for and use of end of life hospice care for nursing home residents has increased significantly in recent years. This article will address various questions about hospice care and the nursing home interface, along with providing information about the Hospice/Nursing Home Interface guide.

The document titled *Hospice/Nursing Home Interface Guidelines for Care Coordination for Hospice Patients Who Reside in Nursing Homes* is a beneficial resource to help Hospice organizations and Nursing Homes successfully work together to provide appropriate end-of-life care to meet the needs of the resident. The guidelines also provide a framework to structure joint relationships to promote regulatory compliance. They also serve as great resource for State survey staff.

The interface document can be accessed at http://dhfs.wisconsin.gov/rl_DSL/Publications/01042a.htm.

Although it is an excellent resource, the interface document does not answer all questions that come up during survey observations. The following are some recent questions and answers related to surveys:

1. ***During a nursing home survey observation, an oral medication, Oxycontin tablet, was administered rectally to a resident with hospice. Is this appropriate?***

Pain management is often the primary role and responsibility for Hospice staff when residents in a nursing home are receiving hospice care. Decisions on how to administer medication are carefully considered to meet each resident's needs. Generally, it is preferable that pain medications be given orally. However, in some cases, patients may need medications to be given rectally, topically or by injection. Unfortunately, not all medications come in all forms.

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Inside This Issue

Abbreviation Changes

As of 1/1/04 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will no longer allow certain abbreviations in medical records. This change affects JACHO accredited facilities. Some abbreviations that are no longer accepted are U for units, QD for daily, QOD for every other day, MSO4 for morphine, MgSO4 for magnesium sulfate, etc.

Staff who survey JCAHO accredited facilities will notice facility initiatives to address these abbreviation changes. Some facilities that are not JCAHO accredited may be confused and think these changes apply to them based on new State or Federal regulations. In reality, this information is from the accrediting organization and facilities should be advised to contact JCAHO with questions.

New Drugs

Doug Englebert Pharmacy Practice Consultant PRQI

Brand Name	Generic Name	Use
Ertaczo	Sertaconazole	Antifungal cream for athlete's foot.
Symbyax	Olanzapine/ fluoxetine	Combination for depressive episodes associated with bipolar disorder.

Medication Errors

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Pediatric patients may be more susceptible to medication errors for the following reasons:

- Medications for pediatrics may be prone to milligram-microgram errors. These errors may be in the ordering process, preparation or administration process.
- Medication orders for pediatrics may have decimal points that are written or interpreted incorrectly.
- Medication orders for pediatrics are occasionally written in daily doses or fractions. This may require calculations that end up in errors or incorrect interpretation.
- Medication orders for pediatrics may be prone to dilution errors.

When medication errors occur in pediatrics they may result in greater negative outcomes. Therefore, many facilities create checking or verification processes that are different for pediatric orders. Those facilities that utilize computer entry for medication orders may have edits in the systems that check criteria based on the patient's age or weight.

Pediatrics is definitely an area where healthcare providers should apply greater diligence due to the increased potential for medication errors and the greater risk of negative outcomes.

Focus Drug of the Month

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Symbyax

(olanzapine/fluoxetine)

On December 24th, 2003 the Food and Drug Administration approved the combination drug Symbyax for depressive episodes associated with bipolar disorder. This drug is a combination of Zyprexa and Prozac. Symbyax will be available in four doses of olanzapine/fluoxetine: 6mg/25mg, 6mg/50 mg, 12mg/25 mg and 12 mg/50mg.

Although the medication is only approved for use in bipolar disorder, it is possible that physicians will decide to prescribe this medication to any patient taking Zyprexa and Prozac. However, based on the doses available, physicians may not be able to easily change patients to this new medication

Symbyax was studied in several eight-week studies; effectiveness beyond this is unknown. The medication instructions indicate that if the medication is used for extended periods, physicians should periodically reevaluate its benefits and risks.

Symbyax is expected to be available at the end of January 2004.

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In some cases pharmacies are able to compound or make the forms that are needed by a specific resident. For example, pharmacists may make suppositories by using powdered forms of medications. In other cases, standard forms of medications may be administered by a different route than what was intended. In addition, hospice staff may determine that an oral medication may need to be administered rectally. For example, there is literature that supports administering MS Contin tablets rectally. Surveyors should be aware that nonstandard routes of administration might be used for medications. Staff who administer the medication in a nonstandard route must have physician orders to do so and they need to know how to administer, assess and monitor the use of that medication when delivered by an alternative method. The observation of the Oxycontin tablet administered rectally in this case met existing requirements and, therefore, was appropriate.

2. ***During a nursing home survey observation, residents with Hospice were receiving Haldol IM, in some cases in high doses and for extended periods of time. Is this appropriate?***

There are specific nursing home regulations related to the use of antipsychotic medications like haloperidol. However, there are no regulations that prevent the use of IM drugs. If Haldol IM is being used, surveyors should review its use to assure that the medication is not being used as an inappropriate chemical restraint (punishment or staff convenience). Surveyors should also ensure that the facility is monitoring the use of the Haldol IM.

In the case of residents receiving hospice in a nursing home, the Haldol is occasionally used for a condition called terminal restlessness. In these cases the use of the haldol is typically in low doses and used for a short time frame. Nursing home surveyors who observe high doses of Haldol given for extended periods should investigate what the medication is used to treat, if it is being monitored and if it is being discontinued as soon as possible.

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Risperdal (risperidone)

Risperidone recently received approval for treating acute mania in patients with bipolar disorder. It may be used alone or with lithium or valproate. Risperidone helps to rapidly control psychotic symptoms, agitation, and aggressive behavior.

Risperidone used in this manner is approved for short-term use only.

Lithium

Currently, the use of lithium is on the rise. In the past, lithium was not used due to monitoring requirements and bothersome side effects.

However, in cases of bipolar disorder, lithium is the only mood stabilizer that has consistently decreased the risk of suicide.

When lithium is used, toxicity must be carefully monitored. Signs of toxicity are muscle weakness, tremor, lack of coordination and vomiting. Additionally, lithium may have drug interactions of increased blood levels when used with ibuprofen, enalapril, hydrochlorothiazide, and other similar medications. Levels may need to be checked if these medications are started simultaneously.

If there are medications you would like featured in this column, please send an email to Doug at engleda@dhfs.state.wi.us

Consultant's Corner

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This section will appear in each issue and will contain information that will answer your questions. If there is a topic about which you want more detailed information, please drop me an email at engleda@dhfs.state.wi.us and I'll research the topic.

1. ***Does a log with the drug name, dose and purpose of the medication with patient signature constitute informed consent?***

   Wisconsin Administrative Code Chapter HFS 94 covers patients rights, primarily for individuals receiving services for a mental illness, developmental disability or substance use/abuse disorder. In those cases where HFS 94 apply, the requirements of HFS 94.03 must be followed. HFS 94 can be obtained at http://www.legis.state.wi.us/rsb/code/hfs/hfs094.pdf and samples of consent forms are available at http://dhfs.wisconsin.gov/forms/DDES/MedGenericName.htm. It is possible the log meets those requirements. Without seeing the specific log and without knowing if the individuals who signed the log meet the competency requirements, you may not be able to determine if the consent was appropriate.

2. ***Is it a medication error when the facility does not follow recommendations for administering the medication***?

   Medication errors are defined as an error when the physician order is not followed. If the physician prescribes a medication to be given a specific way, the facility needs to follow that request or it is considered a medication error. If there is a concern with the way the physician wrote the order, then the order should be clarified by facility staff.

   Even when a physician's order is clear, a medication error may also occur when the manufacturer's requirements are not followed. Manufacturers' requirements may include: 1) do not crush, 2) shake prior to use, 3) wait 60 seconds between puffs, 4) give with food, and 5) give on an empty stomach, etc.

   In some cases manufacturers will give recommendations. Recommendations include: 1) may take with food, 2) may give 30 minutes prior to a meal etc. When facilities do not follow these recommendations, it is not considered an error. However, in some cases, pharmacists will include these recommendations on the medication administration record (MAR). When the physician signs the MAR as the current order, those recommendations become requirements. If the physician does not sign the MAR, then the facility staff needs to be able to distinguish between general recommendations and requirements for that specific drug or resident. In those cases where the requirements are not followed, surveyors should count the observations as a medication error.

3. *A nursing home wants to get rid of medication carts and store the medications in individual residents' rooms in a locked cabinet. Can they do this?*

   Wisconsin Administrative Code Chapter HFS 132 governs nursing home operations. HFS 132.65(6)(b)1. indicates that medications need to be stored near the nurse's station in locked cabinets. Obviously since this regulation took effect there have been changes in nursing home design, resident needs and workflow. To adapt to these changes, nursing homes are looking for alternative methods to deliver care which may include storage of medications. The BQA is open to alternative methods that meet the intent of the regulation. Therefore, if a nursing home wished to store medications away from the nursing station, they can request a variance or waiver per the guidelines at HFS 132.21.

References are available upon request.